

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G	32	9/6/01
O.I.P.E. CLASSIFIER	ju	1019	9/12
FORMALITY REVIEW			10-08-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	3/26/01
1	5/6/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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5M1864  
10/18/01

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